

NATIONAL
INSTITUTE OF
AEROSPACE



1

First Name	M.I.	Last Name
Organization/School Name		
Address		
City	State	ZIP/Postal Code
E-mail Address		Daytime Phone Number
Fax Number (include country code)		Job Title

3

☐ Check here if you are renewing or reinstating you membership.

4

Registration forms must be received by **23 June 2009** to receive pre-registration rate. Registration forms cannot be processed without full payment.

5

☐ Check here if you need to make special arrangements due to disability. Attach requirements on a separate sheet of paper.

6

Signature: _____

09.0170

2

Tickets must be purchased by 6 July 2009
to ensure availability.

Amount rec'd

For more information, please contact AIAA at 1.800.639.AIAA • Fax registration form to 703.264.7657